IPDR6702				NORTH CAROLINA		PAG	8: 1	
	12/09/2007			CHECKWRITE SUMMARY REPORT		120		
			CH	ECKWRITE DATE: 12/11/2007 FINANCIAL PAYER: NCDMH	ļ			-
				FALSE - WOUND				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
			1545					
3404901	SMOKY MOUNTAINM H/DD/SAS	8534	1545	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	<u> </u>	<del> </del>	·	
	17,557,575			PROVIDER. PLEASE VERIFY THE F				
		8535	352	SERVICE FACILITY LOCATION WAS				
	<del> </del>			NOT SUBMITTED ON THIS CLAIM.	·	1933	1933	3
				PLEASE RESUBMIT THE CLAIM WITH				
		191	18	CLIENT ID NUMBER DOES NOT MATC	-			-
				H PATIENT NAME				
					ļ			<u> </u>
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME				-	-		-
	<u> </u>	0	0		ļ	0 0	27	7 2
								<u> </u>
3404910	PATHWAYS	8505	192	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				-
		8599	54	DETAIL NOT COVERED BY COMBINAT				
	-		F	ION OF RECIPIENT, PROVIDER AND		322	4349	402
				BENEFIT PACKAGE.				
		8800	33	FURTHER PROCESSING NECESSARY,	ł	-		ļ
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.	ļ			
3404912	CATAWBA COUNTYM	8599	10	DETAIL NOT COVERED BY COMBINAT				1
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	<del> </del>	<u> </u>			<del> </del>	<del> </del>	<del> </del>	
		143	6	CLIENT ID NUMBER NOT ON STATE		24	1649	162
				ELIGIBILITY FILE	-			
	<del> </del>	191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	ļ		ļ	
3404913		8505	4593	CLAIM DENIED DUE TO INSUFFICIE	ļ	ļ	ļ	ļ
3404313	MECKLENBURG COM ENTAL HEALT	0303	1333	NT BUDGET	l			-
					ļ			
	-	8800	1354	FURTHER PROCESSING NECESSARY,	l	6250	6548	3 29
				PLEASE CHECK FOR CLAIM ON				
	<u> </u>			FUTURE RA'S.	ļ			ļ
		8508	108	CLAIM DENIED NO BUDGET FOUND				
	-		ļ			-		ļ
	-					-		-
3404916	CROSSROADS BEHA	8505	309	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NI BUDGEI				
	-	79	30	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING		349	1621	127
				PROVIDER TYPE AND SPECIALTY IN				
		8654	4	ONLY 16 UNITS ALLOWED PER DAY				
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
3404917	CENTERPOINT HUM	8505	84	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
			-					
		8599	27	DETAIL NOT COVERED BY COMBINAT		153	5269	511
	-		ļ	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	<del> </del>			-
		23	10	SERVICE REQUIRES PRIOR APPROVA		-		-
								1
3404919	GULL DODD, OC	8505	5611	CLAIM DENIED DUE TO INSUFFICIE				
2-04213	GUILFORD CO MEN TAL HEALTHC	0.003	2011	NT BUDGET	<del> </del>	-		
	-	8508	662	CLAIM DENIED NO BUDGET FOUND	ļ	0 6858		1 112
						0858	7981	112
		8800	412	FURTHER PROCESSING NECESSARY,				
		8800	412	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION		DENIALS	FINALIZED	PAID
3404920	ļ	3413	170	PROVIDER TYPE AND SPECIALTY 07				
3404920	ALAMANCE CASWEL	3413	100	4/113 CANNOT BILL ENHANCED				
	L AREA MH D		<b>!</b>	BENEFIT SERVICES ON OR AFTER D				
	<del> </del>		†					
		79	22	THIS SERVICE IS NOT PAYABLE TO	0	131	10170	10039
			ļ	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
			ļ	PROVIDER TIPE AND SPECIALTY IN				
	<u> </u>	8599	18	DETAIL NOT COVERED BY COMBINAT				
			l	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921	ļ	8654	12	ONLY 16 UNITS ALLOWED PER DAY				
3101321	ORANGE PERSON C HATHAM AREA	0034	1	WITHOUT PRIOR				
	HATHAM AKEA			APPROVAL. PLEASE CORRECT THE				
		8535	10	SERVICE FACILITY LOCATION WAS	0	28	130	102
		-	ļ	NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
			-	THE COURT THE COURT WITH				
		11	2	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404922		21	205	DUPLICATE OF CLAIM-SYSTEM				
3404522	THE DURHAM CENT		1203	DOING OF COME OF COME				
	LK.	-	<b> </b>					
		8800	34	FURTHER PROCESSING NECESSARY,	0	270	769	499
		-	-	PLEASE CHECK FOR CLAIM ON	-			
			<del> </del>	FUTURE RA'S.	ļ		<b></b>	
	<del> </del>	8505	27	CLAIM DENIED DUE TO INSUFFICIE	l			
				NT BUDGET				
		0.505	10407	dr. 1.11 Shift and Shift a				
3404923	FIVE COUNTY MH	8505	2407	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
		-	ļ	NI BODGEI				
	<del></del>		<del> </del>					
		8508	1261	CLAIM DENIED NO BUDGET FOUND	0	4100	4328	228
		8800	394	FURTHER PROCESSING NECESSARY.				
	+			PLEASE CHECK FOR CLAIM ON				
			İ	FUTURE RA'S.				
3404925	SANDHILLS CENTE	8505	5984	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8508	985	CLAIM DENIED NO BUDGET FOUND	5	7733	7846	113
		8800	419	FURTHER PROCESSING NECESSARY,				
		0000	127	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404926	SOUTHEASTERN RE	23	283	SERVICE REQUIRES PRIOR APPROVA				
	G MENTAL HL	-	ļ	ь				
		8536	190	ATTENDING PROVIDER TYPE AND SP	4	1206	3795	2589
				ECIALTY COMBINATION IS NOT				
	4			VALID FOR SUBMITTED BILLING PR	ļ			
		8599	178	DETAIL NOT COVERED BY COMBINAT				ļ
<b></b>			H	ION OF RECIPIENT, PROVIDER AND				
<b></b>			†	BENEFIT PACKAGE.				l
3404927	CUMBERLAND CO M	8505	57	CLAIM DENIED DUE TO INSUFFICIE	ļ			
	HC	-	<del> </del>	NT BUDGET	-			ļ
			<del> </del>		<del> </del>			
	<del> </del>	21	35	DUPLICATE OF CLAIM-SYSTEM	0	210	1427	1217
				,				
			ļ					
		8599	31	DETAIL NOT COVERED BY COMMINAT				
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		8599	31					
			31	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	8599	31	ION OF RECIPIENT, PROVIDER AND				
3404930	JOHNSTON COUNTY		31	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930			31	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930			0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	0
3404930		0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	0
		0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT ***	0	0	0	0
3404930	MNTL HLTHC  WAKE CO HUM SVC	0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
	MNTL HLTHC	0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT ***	0	0	0	0
	MNTL HLTHC  WAKE CO HUM SVC	0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
	MNTL HLTHC  WAKE CO HUM SVC	0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC  WAKE CO HUM SVC	0 0 8505	0 0 0 354	ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUPFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON	0			
	MNTL HLTHC  WAKE CO HUM SVC	0 0 8505	0 0 0 354	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  WIT BUDGET  FURTHER PROCESSING NECESSARY,				
	MNTL HLTHC  WAKE CO HUM SVC	0 0 8505	0 0 354	ION OF RECIPIENT, PROVIDER AND ERNEFIT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE BA'S.				
	MNTL HLTHC  WAKE CO HUM SVC	0 0 8505	0 0 0 354	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT SUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE ARX.  ATTENDING PROVIDER TYPE AND SP				
3404930	MNTL HLTHC  WAKE CO HUM SVC	0 0 8505	0 0 354	ION OF RECIPIENT, PROVIDER AND ERNEFIT FACKAGE.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE BA'S.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENTALS	DENTALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT	8505	1613	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	295	DETAIL NOT COVERED BY COMBINAT	0	2015	10567	8552
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	32	CLIENT ID NUMBER DOES NOT MATC				
		171	132	H PATIENT NAME				
	ONSLOW CARTERET	8534	333	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
	BEHAV HEAL			PROVIDER. PLEASE VERIFY THE F				
			-					
		8599	208	DETAIL NOT COVERED BY COMBINAT	0	989	2040	1051
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACRAGE.				
		8535	145	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
3404935		0	0	*** NO DATA TO REPORT ***				
3101333	WAYNE CO MENTAL HEALTH CTR			NO DATA TO REPORT				
	madii Cik		l					
		0	0		0	0	0	0
			-					
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER ER							
		0	0					
			1			0	0	0
	THE BEACON CENT	3411	5	PROVIDER TYPE AND SPECIALTY 07				
	ER			4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
			-	BENEFIT SERVICES ON OR AFTER D				
		8599	3	DETAIL NOT COVERED BY COMBINAT	0	10	4120	4110
				ION OF RECIPIENT, PROVIDER AND				
		<u> </u>	ļ	BENEFIT PACKAGE.				
		8654	2	ONLY 16 UNITS ALLOWED PER DAY				
			-	WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
	EAST CAROLINA B	8599	191	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	EHAVIORAL H			BENEFIT PACKAGE.				
		79	60	THIS SERVICE IS NOT PAYABLE TO	0	412	3159	2747
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8537	39	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404941		0	0	*** NO DATA TO REPORT ***				
	EAST CAROLINA B	0		NO DATA TO REPORT				
	EHAVIORAL H							
		0	0		0	0		
		-	ļ					
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0					
	-	-	-		0	0	0	0
	ALBEMARLE MENTA	8535	61	SERVICE FACILITY LOCATION WAS				
	L HEALTH CE	-	-	NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
				TALL				
		8564	8	SERVICE EXCEEDS THE ALLOWABLE	4	105	847	742
							1	
				OF ONE OCCURRENCE WITHIN AN				
				OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.				
		79	16	ELIGIBILITY PERIOD.				
			6	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
			6	ELIGIBILITY PERIOD. THIS SERVICE IS NOT PAYABLE TO				
		79	6	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
	EASTPOINTE HUMA		6	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP				
	EASTPOINTE HUMA N SERVICES	79	6	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		79	6	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		79	4	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT	0	11	5263	5252
		79	4	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMSINAT ION OF RECIPIENT, PROVIDER AND	0	11	5263	5252
		79	4	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT	0	11	5263	5252
		79	6 4 4 2 2 2 2	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT TON OF PRETPIETT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO	0	11	5263	5252
		79 8536 8599	4	ELIGIALITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	11	5263	5252
		79 8536 8599	4	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALLD FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT TON OF PRETPIETT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO	0	11	5263	5252
	N SERVICES	79 8536 8599	4	ELIGIALITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO VOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT ION OF PECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ENNEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	11	5263	5252
3404946	N SERVICES	79 8536 8599	6	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLIENT ID NUMBER DOES NOT MATC	0	11	5263	5252
3404946	N SERVICES	79 8536 8599	4	ELIGIALITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO VOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT ION OF PECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ENNEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	11	5263	5252
3404946	N SERVICES	79 8536 8599	2 2	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLIENT ID NUMBER DOES NOT MATC	0	11	5263	5252
3404946	N SERVICES	79 8536 8599	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ELIGIBILITY PERIOD.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  CLIENT ID NUMBER DOES NOT MATC	0			